2008 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # P96000002374

1. Entity Name
ATLAS HAULING, INC.



FILED Mar 24, 2008 08:00 A Secretary of State

Principal Place of Business

1703 W RIVER DRIVE MARGATE, FL 33063 US

Mailing Address

1703 W RIVER DRIVE MARGATE, FL 33063

N 01 5

CR2E034 (11/05)

4. FEI Number 65-0625053

02182008

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LEONOWITZ, DAVID 1703 W RIVER DRIVE MARGATE, FL 33063

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8. The above the obligat	named entity submits this statement for the pions of registered agent.	ourpose of changing its registere	ed office or r	egistered agent, or bo	oth, in the State of Florida. I am familiar with, and accept
SIGNATURE.					•
	Signature, typed or printed name of registered agent and little	applicable (NOTE Registered	Agent signature	required when reiristating)	DATE
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		Election Campaign Finan Trust Fund Contribution.	cing	\$5.00 May Be Added to Fees	U00000867708 04/08/08-80083-004 150.00
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP LEONOWITZ, DAVID 1703 W RIVER DRIVE MARGATE, FL 33063				
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP			DO NOT WRITE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		,		IN .	THIS SPACE
NAME STREET ADDRESS CITY-ST-ZIP		·			
TITLE					

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered

SIGNATURE:

NAME STREET ADDRESS CITY-S1-ZIP

David Legnowitz

3/19/08

954-818-9538

Daytime Phone #